

St Agatha's Parish, Cranbourne Altar Server's Permission Form

I/ We....., give permission for my/our **Child** to be an altar server at St. Agatha's parish for at least 12 months. I/We understand the responsibilities, commitments and expectations of this ministry in the life of the parish.

Participant's Details:

| | | |
|---|--------|--|
| Child's Full name: <small>(surname last and in CAPITALS)</small> | | |
| Date of Birth: | Age: | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Address: | | |
| Parent/Guardian's name: <small>(surname last and in CAPITALS)</small> | | |
| Relationship to child (e.g. Mother): | | |
| Address: <small>(if the same as above)</small> | | |
| Email: | | |
| Telephone: (Home) | (Work) | (Mobile) |
| Do you have Ambulance Cover? If yes, subscription number | | |
| Does your child have any medical conditions we should know about? | | |
| Is your child currently taking any medication? If so please provide name of medication, dosage & when it is required. | | |
| Does your child have any allergies? | | |
| Is there any other information that we should know about your child's needs? | | |
| School Name | | |
| Date/Year Started Altar Serving | | |
| Mass Preference Time | | |

Please provide details for at least one person we can contact if we are not able to reach you in an emergency.

Emergency contact 2

| | | |
|---|--------|----------|
| Name: <small>(surname last and in CAPITALS)</small> | | |
| Relationship to Child: | | |
| Telephone: (Home) | (Work) | (Mobile) |
| If participant is under 18, do you give permission for this person to collect your child? | | |

Please turn over to sign

Parental/Guardian Consent Form:

I (Parent/Guardian's name) consent to my child
..... (Child's Full name) attending and participating in

Events for Altar Servers at St Agatha's Parish and St Therese's Primary School, including Masses and Training Sessions

In the event that you are unable to communicate with me [or my nominated emergency contacts], I consent to my child receiving such medical or surgical treatment as may be deemed necessary and I agree that any such treatment will be at my expense.

I have informed you of any allergies or other medical conditions of my child and will make any necessary medication available.

Please cross out this paragraph if you do not give permission for your child to be photographed or videoed.

I consent / do not consent to a photograph, live streaming or video image of my child being used without acknowledgement, remuneration or compensation, in publications (print, websites, social media, DVDs, CDs etc) and/or presentations of St Agatha's Parish and the Catholic Diocese of Sale or its Parishes.

.....
Signature of Parent/Guardian

.....
Print name (Surname last and in CAPITALS)

.....
Relationship to child

.....
Date

PLEASE NOTE YOU WILL NEED TO COMPLETE A SEPARATE CONSENT FORM FOR THE END OF YEAR PIZZA NIGHT.

Hobbies: _____

Sports Interests: _____

Favourite Saint/s: _____

Any questions you would like to ask or information you would like to know about the Mass and Altar Serving: _____

Signed

(Child)

PLEASE RETURN THIS FORM TO THE PARISH OFFICE AS SOON AS POSSIBLE

Thank you, God bless. *Fr Joseph & Fr Stanly*